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transmitted to the USPTO (571) 273-2885, on the date indicated below. RENNER OTTO BOISSELLE & SKLAR, LLP 1621 EUCLID AVENUE NINETEENTH FLOOR CLEVELAND, OH 44115 Warren A. Sklar (Signa (Ome 2-15-66 CONFIRMATION NO. FIRST NAMED INVENTOR ATTORNEY DOCKET NO. APPLICATION NO. FILING DATE 8968 MASTP105US Philip Londrico 10/24/2003 10/692,776 02/16/2006 MBIZUNE2 00000008 10692776 TITLE OF INVENTION: ORGANIZER INCLUDING RESILIENT RETAINING MEMBERS 700.00 OP 01 FC:2501 12.00 OP 02 FC:8001 DATE DUE TOTAL FEE(S)-DUE - PUBLICATION FEE - SMALL ENTITY --- ISSUS FSE ----- - APPEN: TYPE 04/04/2006 \$700 \$700 \$0 YES nonprovisional CLASS-SUBCLASS ART UNIT EXAMINER 211-089010 NOVOSAD, JENNIFER ÉLEANORE 3634 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list 1 Renner, Otto, Boisselle (1) the names of up to 3 registered parent attorneys or agents OR, alternatively, & Sklar, LLP Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered anomey or agent) and the names of up to 2 registered patent anomeys or agents. If no name is "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE 9200 Inman Avenue, Cleveland, Ohio MASTER MFG. CO., INC. Please check the appropriate sasignee category or categories (will not be printed on the patent): 🔲 Individual 🖳 Corporation or other private group entity 🚨 Government 4b. Payment of Fee(s): Ha. The following fee(s) are enclosed: A check in the amount of the fee(s) is enclosed. Issue fee Payment by credit card. Form PTO-2058 is attached. Publication Fee (No small entity discount permitted) The Director is hereby authorized by charge the required fee(s), or credit my overpayment, to Deposit Account Number 18-0988 (enclose an extra copy of this form). Advance Order - # of Copies 5. Change in Entity Status (from status indicated above) ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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